

CALIFORNIA STATE EMPLOYEES CHARITABLE CAMPAIGN 2008 Affiliate Application

IMPORTANT INFORMATION

1. A copy of the 501(c)(3) documentation **is required**, including a letter from the IRS or other state issued documentation authorizing any legal name change for new applicants. Documentation must be resubmitted every two years.

- ☐ A copy of the 501(c)(3) **is** required from your organization for this Campaign.
- ☐ A copy of the 501(c)(3) **is not** required from your organization for this Campaign.

2. If your organization is not required to submit a copy of the 501(c)(3) but has changed its name within the last year, a copy of the legal documents showing the change is required.

3. Failure to complete every section of the application may result in the application being returned for incompleteness.

Send Completed Applications To: your United Way coordinator

Please print or type all information

A. LEGAL NAME (Name must appear exactly as recognized your 501(c)(3) form.)

B. OTHER NAME (if the same as the legal name, please write "same") ☐ D.B.A ☐ A.K.A. ☐ Program name

C. MAILING INFORMATION: (This address will appear in the brochure.)

Address

City

State

Zip Code

PHYSICAL ADDRESS: Required.

☐ Place an "x" in the box if you wish to have the physical address remain confidential.

Street

City

State

Zip Code

D. CONTACT INFORMATION (The person who will be the primary CSECC contact. This information will be posted in the brochure and website.)

Name: _____ **Title:** _____

Telephone number: _____ **Fax number:** _____

Email address: _____ **Web address:** _____

Federal Tax Identification Number: _____

E. DESCRIPTION OF ACTIVITIES

This information may be included in the 2008 Donor Resource Guides.

New Applicants:

Please provide a statement, no longer than 25 words in length, describing your organization's activities. DO NOT include the name of your organization, email or web address in your statement.

continued on page 2

CSECC ID #

E. DESCRIPTION OF ACTIVITIES, continued**Previous Applicants:**

If no statement is printed below, please provide a new 25-word description. Modifications to the printed statement may be made by lining out information and writing in the desired wording in the space below or by attaching a separate sheet.

Note: The VCGCB will edit any statement that uses special fonts or exceeds 25 words.

F. AREAS OF SERVICE: Please place a checkmark in the box(es) next to the categories that best describe your activities.

<input type="checkbox"/> Adoption	<input type="checkbox"/> Art/Culture/ Entertainment	<input type="checkbox"/> Family And Children's Services	<input type="checkbox"/> Neighborhood Community	<input type="checkbox"/> Social Adjustment
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Basic Human Needs	<input type="checkbox"/> Health	<input type="checkbox"/> Philanthropy	<input type="checkbox"/> Special Groups
<input type="checkbox"/> Animals	<input type="checkbox"/> Conservation	<input type="checkbox"/> Home Ownership Or Mgmt	<input type="checkbox"/> Safety Services	<input type="checkbox"/> Transportation:
<input type="checkbox"/> Armed Forces	<input type="checkbox"/> Education	<input type="checkbox"/> Info & Referral	<input type="checkbox"/> Small Bus. Startup	<input type="checkbox"/> Other

CONDITIONS FOR APPROVAL**We certify under penalty of perjury:**

- 1) That we are currently a charitable organization qualified as "exempt" under section 23701d of the California Revenue and Taxation Code **and** paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954; and
- 2) That we are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with Government Code section 12900; please visit <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=gov&group=12001-13000&file=12900-12906> for more information).
- 3) Our organization, its Board Members and Executive Officers are not in violation of the laws and regulations of the State of California or of the United States. We have read all the questions and the completed application, and to the best of our information and belief, all our answers are true, correct, and complete.
- 4) We further acknowledge that the Board may elect to decertify an organization which makes a false certification and/or engages in illegal activity after the initial approval.

PLEASE RETURN THIS APPLICATION TO YOUR UNITED WAY.

This application must include the required documentation for a name change or "doing business as" statement.

Original Signature of Executive Officer or Authorized Officer
(blue ink preferred)

Date

Type or Print Name of Executive Officer or Authorized Officer

Title